

1064

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Graham</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>203</u>
District of <u>Safford</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>210</u>
Town of <u>"</u>			Local Registrar No. <u>196</u>
NAME ADDED BY SUPPLEMENT			
City of <u>"</u>			
2. Full name of child <u>David Roy Birdno</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>X</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>1</u>		7. Date of birth <u>10/6/23</u>	
8. FATHER		14. MOTHER	
Full name <u>William D. Birdno</u>		Full maiden name <u>Theresa Allred</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Safford</u>		If nonresident, give place and state <u>Safford</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>Arizona</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Farmer</u>		Nature of industry <u>House wife</u>	
20. Number of children of this mother		21. Were precautions taken against oph. thalmsia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 p.m.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. M. H. H. H.</u>	
Address <u>...</u>		(Physician or midwife)	
Given name added from a supplemental report		Filed <u>Nov 8</u> 19 <u>23</u>	
Month, day, year.		Filed <u>Nov 8</u> 19 <u>23</u>	
Registrar.		Hattie W. Schenck	
		D. Scott Schenck	

4126-1006-314